

## Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2008

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|----|----|
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|   | Page 1                          |   | Duple                                 | x or Photocopies are NOT Acceptable   |   |                    |  |  |
|---|---------------------------------|---|---------------------------------------|---------------------------------------|---|--------------------|--|--|
| F/Y Beginning   | &                               | Ending  | FEIN                                  |                                       |   |                    |  |  |
| Name of Estate or Trust                               |                                 | ***************************************                     |                                       |                                       | •         |                    |  |  |
| Name of Fiduciary                                     |                                 | Title   | of Fiduciary                          |                                       |   | 00                 |  |  |
| Name of Fluddalay                                     |                                 |   | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |   | 00                 |  |  |
| Mailing Address (PO Box or Number                     | er & Street, Including Rural Ro | oute)   |                                       |                                       |   |                    |  |  |
| City  |                                 | State   | 7in + 4                               |                                       |   | 00                 |  |  |
| City  |                                 | State   | Zip + 4                               |                                       |   | County Code        |  |  |
| 1. Check All That Apply:                              | Initial Return                  | Amended Return  | Final Return                          |                                       |   | (See Instructions) |  |  |
| 2. Type of Entity:                                    | Estate                          | Simple Trust  | Complex Trust                         | ∷ Grant                               | or Trust  |                    |  |  |
|   | * .                             |   |                                       | ;····                                 |   |                    |  |  |
| 3a. Number of MS K-1 Sch                              | <del>i_</del> _                 |   | nt death or date trust estal          | <del>-</del>                          |   |                    |  |  |
| A COMPL   | ETE COPY OF                     | FEDERAL FORM 1041 M   |                                       |                                       |   |                    |  |  |
| 4 Adjusted Gross Inco                                 | umo (Loss) of Fiducian          | / (from line 11, page 2) (If less than 0                    |                                       | nd All Amounts                        | to the Nearest                                  |                    |  |  |
| ·   |                                 |   | ,                                     |                                       |   | 00                 |  |  |
| . ,   | \$600: Simple - \$300: 0        | ,   | 5.                                    |                                       |   | 00                 |  |  |
| 6. Taxable Income of F                                | • •                             | s Line 5) (If less than 0, enter 0).  A. Taxable Income     | 6. ► (P) <b>B. Rates</b>              | C. Inco                               | me Tax  |                    |  |  |
| a. \$0 - \$5,000                                      |                                 |   | 00 X 3% =                             |                                       |   | 00                 |  |  |
| b. Next \$5,000                                       |                                 |   | 00 x 4% =                             |                                       |   | 00                 |  |  |
| c. Remaining Balance                                  |                                 |   | 00 X 5% =                             |                                       |   | 00                 |  |  |
| 7. Total Income Tax (Add                              | amounts on Lines 6a             | 6h, and 6c in Column C )                                    |                                       |                                       |   | 00                 |  |  |
| ,   |                                 | ,   | vtancian (E)                          |                                       |   | 00                 |  |  |
| Other Credits (See Inst                               |                                 | ax Payments, & Amount Paid With E                           | ryrrig [ ]                            |                                       |   | 00                 |  |  |
| code for each type of c                               | **********                      |   | (O)                                   |                                       |   | 00                 |  |  |
| 10. Total Credits (Add Line                           | ,                               | Lorger than line 7  |                                       |                                       |   | 00                 |  |  |
| 11. Enter Amount of Over                              | •                               | -   |                                       |                                       |   |                    |  |  |
| • •   |                                 | your Next Year Estimated Tax Ac                             |                                       |                                       |   | 00                 |  |  |
| 13. Amount of Overpayn                                | ` ,                             |   | <b>▶</b> (R)                          |                                       | . i   | 00                 |  |  |
| 14. Enter Balance Due If L                            | Ü                               | ne 10.  | <b>&gt;</b> (7)                       |                                       | . i   | 00                 |  |  |
| 15. Interest and Penalty (<br>16. TOTAL DUF (Line 14) | ,                               | each Check or Money Order for Total                         | Due Pavable > 0.0                     |                                       |   | 00                 |  |  |
| to: State Tax Commi                                   | ssion. (ENCLOSE PAY             | cach Check or Money Order for Total<br>MENT VOUCHER 80-106) | TOTAL DUE                             | <b>i</b> i                            |   | 00                 |  |  |
| I declare, under the pena<br>my knowledge and belie   | alties of perjury, that         | this return (including any accomp                           | anying schedules) has                 | been examined                         | d by me and to                                  | o the best of      |  |  |
| , zono  |                                 |   | ( )                                   |                                       | This Return in<br>be discussed<br>the preparer. | may<br>d with      |  |  |
| Signature of Fiduciary or Office                      | cer Representing Fiducia        | ry Date   | Phone Number                          |                                       | mo preparer.                                    |                    |  |  |
| Paid Preparer Signature                               |                                 | Date Paid Preparer Addre                                    |                                       |                                       | L   | No                 |  |  |
| Paid Firm Identification N                            | Number or PTIN                  | Paid Preparer Social Security                               |                                       | Preparer Pl                           | none  |                    |  |  |
|   |                                 |   | i <del>-</del> iiii                   | _(                                    | )   |                    |  |  |

Mail REFUND RETURNS To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail ALL OTHER RETURNS To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050



## Mississippi Fiduciary Computation of Net Taxable Income Schedule 2008

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A fiduciary **must attach a copy of its Federal return** and use Federal adjusted total income (Form 1041, line 17) as a beginning point for computing its net taxable income for Mississippi tax purposes. Adjustments for additions to and deductions from Federal net income, as indicated below, are required because of the differences in Federal and Mississippi laws.

|                               | FE  | =IIN     |   |   |  |  |    |
|-------------------------------|---|----------|---|---|--|--|----|
| Computation of Taxable Income |   |          | Round All Amounts to the Nearest Dollar (If negative, shade minus (-) in box as in example at left) |   |  |  |    |
| 1.                            | Adjusted Total Income / Loss From Federal Form 1041 1.  | . :::: [ |   |   |  |  | 00 |
| 2.                            | Additions to Federal Income for Mississippi purposes:   | `        |   |   |  |  |    |
| a.                            | State, local & foreign government taxes based on income   | 2a.      |   |   |  |  | 00 |
| b.                            | Depletion in excess of cost basis   | 2b.      |   |   |  |  | 00 |
| c.                            | Interest on obligations of other states/political subdivisions  | 2c.      | :   |   |  |  | 00 |
| d.                            | Expenses directly applicable to earning interest on U.S. Government obligations claimed on Federal Form 1041  | 2d.      |   |   |  |  | 00 |
| e.                            | Itemized deductions claimed on Form 1041 (Add back only if Standard Deduction is claimed below.)  | 2e.      |   |   |  |  | 00 |
| f.                            | MS source QSST income   | 2f.      |   |   |  |  | 00 |
| g.                            | Other additions (itemize)   | 2g.      |   |   |  |  | 00 |
| h.                            |   | 2h.      | :   |   |  |  | 00 |
| i.                            |   | 2i.      |   |   |  |  | 00 |
| 3.                            | Total additions. Add lines 2a through 2i.   | 3.       |   |   |  |  | 00 |
| 4.                            | Total of lines 1 and 3.   | . ::::   |   | * |  |  | 00 |
| 5.                            | Deductions from Federal income for Mississippi purposes:  |          |   |   |  |  |    |
| a.                            | Interest on U.S. Government obligations   | 5a.      | :   |   |  |  | 00 |
| b.                            | Wages reduced by Federal employment tax credits   | 5b.      |   |   |  |  | 00 |
| C.                            | Section 27-7-9(f)(10) gain included in line 4, page 1, Form 1041 (LTCG from sales of stock or interest in domestic (Mississippi) corporations, limited partnerships, or LLCs) | 5c.      |   |   |  |  | 00 |
| d.                            | Expenses directly applicable to earning interest income shown on line 2c above not claimed on Federal Form 1041.  | 5d.      |   |   |  |  | 00 |
| e.                            | Standard Deduction (See Line 2e above if standard deduction is claimed.)  | 5e.      | :   |   |  |  | 00 |
| f.                            | Non-Mississippi income (net of expenses) (NONRESIDENT FIDUCIARY RETURNS ONLY)   | 5f.      |   |   |  |  | 00 |
| g.                            | Other deductions (Itemize)  | 5g.      |   |   |  |  | 00 |
| h.                            |   | 5h.      | :   |   |  |  | 00 |
| i.                            |   | 5i.      |   |   |  |  | 00 |
| 6.                            | Total deductions. Add lines 5a through 5h.  | 6.       |   |   |  |  | 00 |
| 7.                            | Adjusted Net Income / Loss for Mississippi purposes. Line 4 minus Line 6.   | . ::::   |   |   |  |  | 00 |
| 8.                            | Amount distributed to beneficiaries. (From Schedule K)  | 8.       |   |   |  |  | 00 |
| 9.                            | Estate tax deduction (Attach schedule of computation.)  | 9.       |   |   |  |  | 00 |
| 10.                           | Add lines and 9.  | 10.      |   |   |  |  | 00 |
| 11.                           | <b>Taxable Income or Loss for Mississippi Purposes</b> Line 7 minus Line 10. (Enter here and on line 4, page 1.)  | 1. ::::  | :   |   |  |  | 00 |